**云南省第一人民医院试剂咨询一览表**

年 月 日

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| **序号** | **公告项目名称** | **响应咨询产品的**  **注册证名称** | **规格** | **注册证号** | **注册证**  **效期** | **制造商** | **单人份**  **价格** | **包装价格** | **备注** |
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| **服务及补充说明：** | | | | | | | | | |

**公司名称（盖章）：**

**法人签字：**

**授权业务代表： 电话：**